

# Exhibit “A”

LAW OFFICES OF  
**LANE M. FERDINAND**

505 MORRIS AVENUE  
SUITE 302 SPRINGFIELD,  
NEW JERSEY 07081

Phone (973) 467-1060  
Facsimile: (973) 467-3876

**LANE M. FERDINAND\***  
*Certified Civil Trial Attorney*  
\*Member of NJ & NY Bar  
Attorney ID#: 001311973

Website: [www.lmfdefense.com](http://www.lmfdefense.com)

E-Mail: [Info@lmfdefense.com](mailto:Info@lmfdefense.com)

July 21, 2022

File No.: 99-3817-LMF

Werner Enterprises Inc.  
14507 Frontier Road  
Omaha, NE 68138

Re: MCCRAY, IYIESHA -  
Docket No.: ESX-L-4253-22

Dear Sir/Madam:

As provided by the New Jersey Courts under R. 4:4-4, I hereby serve you with Summons and Complaint in the above matter in which you are named defendant in an action presently pending in the Essex County Civil Division, 465 Dr. Martin Luther King Jr. Blvd., Newark, NJ 07102.

Under the rules of the Court, you have thirty-five (35) days to file an Answer. If you fail to answer within that time, judgment by default may be entered against you. If you are covered by a policy of liability insurance for this claim, you should immediately turn this Summons and Complaint over to your insurance carrier to retain counsel in New Jersey.

Therefore, it would be in your best interests to forward the Summons and Complaint which I have served upon you to the appropriate insurance company.

I trust you will give this matter your prompt attention.

Very truly yours,

Joe DeGregorio, Legal Assistant for

Lane Ferdinand

C.M.R.R.R. #: 7011 1150 0001 3129 2318  
and regular mail

Note: The enclosures are being forwarded to you by Certified Mail as well as by Regular Mail in accordance with Supreme and Superior Court Rule 1:5-4, which states, If the addressee fails or refuses to claim or to accept delivery of certified or registered mail, the ordinary mailing shall be deemed to constitute service.

Walter, Jarret  
2020667242  
8-11-20  
PD  
Attn MR

JUL 26 2022 SLW

Lane M Ferdinand Esq.  
 505 Morris Ave.  
 Springfield, NJ 07081  
 Telephone No.: 973-467-1060  
 Attorneys for Plaintiffs  
 Attorney ID #: 001311973 File No.: 99-3817-LMF

Iyiesha McCray	)	SUPERIOR COURT OF NEW JERSEY
	)	LAW DIVISION: Essex County
	)	DOCKET NO: ESX-L-4253-22
Plaintiff	)	Civil Action
Vs.	)	
Werner Enterprises Inc., Walter Jarret Jacob, John	)	SUMMONS
Does 1-10 (names unknown and therefore fictitious),	)	
ABC Corp. 1-10 (names unknown and therefore	)	
suspicious)	)	
	)	
Defendant	)	

The State of New Jersey, to the Above Named Defendant(s): **Werner Enterprises Inc. & Walter Jarret Jacob**

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at [http://www.judiciary.state.nj.us/prose/10153\\_deptyclerklawref.pdf](http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf).) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at [http://www.judiciary.state.nj.us/prose/10153\\_deptyclerklawref.pdf](http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf).

Dated: July 21, 2022

/s/ Michelle M. Smith

Michelle M. Smith  
 Clerk of the Superior Court

Name of Defendant to be served: **Werner Enterprises Inc. & Walter Jarret Jacob**  
 Address of Defendant to be served: **14507 Frontier Road**  
**Omaha, NE 68138**

**\*\$135.00 FOR CHANCERY DIVISION CASES OR \$135.00 FOR LAW DIVISION CASES.**

Lane M Ferdinand  
505 Morris Ave  
Springfield, NJ 07081  
Telephone No.: 973-467-1060  
Attorneys for Plaintiffs  
Attorney ID #: 001311973  
File No.: 99-3817-LMF

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Iyiesha McCray	)	SUPERIOR COURT OF NEW JERSEY
	)	LAW DIVISION: Essex County
	)	DOCKET NO: <i>ESX-L-4253-22</i>
Plaintiff(s)	)	
	)	Civil Action
Vs.	)	
Werner Entreprises Inc., Walter Jarret	)	COMPLAINT AND JURY DEMAND
Jacob, John Does 1-10 (names unknown	)	
and therefore fictitious), ABC Corp. 1-10	)	
(names unknown and therefore	)	
suspicious)	)	
Defendant(s)	)	

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The plaintiff, **Iyiesha McCray**, residing at 883 South 14th Street, in the City of Newark, County of Essex and State of New Jersey by way of complaint against the defendants says:

**FIRST COUNT**

1. On or about August 11, 2020, plaintiff, **Iyiesha McCray**, was the driver of a motor vehicle owned by herself which was travelling southbound in the right lane on Fabian Place near the intersection of Chancellor Avenue in the City of Newark, County of Essex and the State of New Jersey.

2. At the time and place aforesaid, defendant **Walter Jarret Jacob**, was operating a motor vehicle which was also travelling southbound on Fabyan Place in the left lane approaching the intersection of Chancellor Avenue in the City of Newark, County of Essex and State of New Jersey owned by, defendant **Werner Enterprises, Inc.**

3. At the time and place aforesaid, defendant **Walter Jarret Jacob**, so carelessly, recklessly, and negligently operated the motor vehicle owned by defendant **Werner Enterprises, Inc.**, while defendant, **Walter Jarret Jacob** was inattentive in attempting to make a right turn onto Chancellor Avenue from the left lane striking the plaintiff, **Iyiesha McCray**.

4. As a proximate result of the negligent acts of the defendants **Walter Jarret Jacob** and **Werner Enterprises Inc**, plaintiff **Iyiesha McCray**, was caused to sustain serious and permanent bodily injuries, has suffered and will suffer great pain, shock and mental anguish, was and still is incapacitated and will permanently be disabled, has been and in the future will be obliged to expend and incur large sums of money for medical services, care, medication and treatment, and was and is unable to attend to her usual duties.

WHEREFORE, plaintiff **Iyiesha McCray** demands judgment against defendants **Walter Jarret Jacob** and **Werner Enterprises Inc.** for damages plus interest and costs of suit.

### **SECOND COUNT**

1. Plaintiff, **Iyiesha McCray**, repeats and re-alleges all the allegations of the First Count of the Complaint as set forth herein at length.

2. The fictitiously named defendant **JOHN DOES** (1-10), fictitious names, are impleaded herein to represent any other entities not actually named in this Complaint who are also responsible for the causation of the injuries sustained herein.

WHEREFORE, plaintiff, **IYIESHA McCRAY**, demands judgment against all the defendants for damages plus interest and cost of suit.

### **THIRD COUNT**

1. Plaintiff, **Iyiesha McCray**, repeats and re-alleges all the allegations of the First and Second Counts of the Complaint.

2. The fictitiously named defendant **ABC CORP** (1-10), fictitious names, are impleaded herein to represent any other entity not actually named in this Complaint who is also responsible for the causation of the injuries sustained herein.

WHEREFORE, plaintiff, **Iyiesha McCray**, demands judgment against all the defendants for damages plus interest and cost of suit.

### **JURY DEMAND**

Plaintiff demands trial by jury of six on all issues herein.

Lane M Ferdinand Esq.  
Attorneys for Plaintiff

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Lane Ferdinand

**CERTIFICATION**

We hereby certify that the foregoing pleading has been filed within the time period set by the applicable Court Rules and extensions thereof. Pursuant to R. 4:5-1 we hereby certify that we have no knowledge of any other pending actions or proceedings concerning the subject matter of this action. It is not anticipated at this time that there is any other party who should be joined in this action.

Lane M Ferdinand Esq.  
Attorneys for Plaintiff

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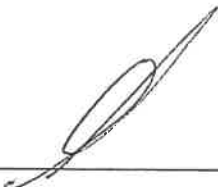
Lane Ferdinand

**DEMAND FOR INTERROGATORIES**

PLEASE TAKE NOTICE that pursuant to R. 4:17-1, demand is made of the defendant(s) to provide certified answers to Uniform Court Interrogatories Form C within the time prescribed by the Rules of the Court.

PLEASE TAKE NOTICE that pursuant to R. 4:17-1, demand is made of the Co-Defendant(s) to provide certified answers to Uniform Court Interrogatories Form C within the time prescribed by the Rules of the Court.

Lane M Ferdinand Esq.  
Attorneys for Plaintiff


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Lane Ferdinand

**DESIGNATION OF TRIAL COUNSEL**

PLEASE TAKE NOTICE that pursuant to R. 4:25-3, please designate Lane M. Ferdinand, Esq. on  
behalf of the Law Offices of Lane M. Ferdinand as Trial Counsel in the above captioned litigation.

Lane M Ferdinand Esq.  
Attorneys for Plaintiff

---

Lane Ferdinand



## Civil Case Information Statement

### Case Details: ESSEX | Civil Part Docket# L-004253-22

**Case Caption:** MCCRAY IYIESHA VS WERNER ENTERPRISES I NC.

**Case Initiation Date:** 07/21/2022

**Attorney Name:** LANE M FERDINAND

**Firm Name:** LANE M. FERDINAND, PC

**Address:** 505 MORRIS AVE SUITE 302  
SPRINGFIELD NJ 07081

**Phone:** 9734671060

**Name of Party:** PLAINTIFF : McCray, Iyiesha

**Name of Defendant's Primary Insurance Company**  
(if known): None

**Case Type:** PERSONAL INJURY

**Document Type:** Complaint with Jury Demand

**Jury Demand:** YES - 6 JURORS

**Is this a professional malpractice case?** NO

**Related cases pending:** NO

**If yes, list docket numbers:**

**Do you anticipate adding any parties (arising out of same transaction or occurrence)?** NO

**Does this case involve claims related to COVID-19?** NO

**Are sexual abuse claims alleged by: Iyiesha McCray?** NO

### THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

**Do parties have a current, past, or recurrent relationship?** NO

**If yes, is that relationship:**

**Does the statute governing this case provide for payment of fees by the losing party?** NO

**Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition:**

**Do you or your client need any disability accommodations?** NO

**If yes, please identify the requested accommodation:**

**Will an interpreter be needed?** NO

**If yes, for what language:**

**Please check off each applicable category: Putative Class Action?** NO **Title 59?** NO **Consumer Fraud?** NO

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule 1:38-7(b)*

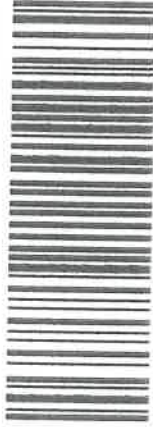
07/21/2022

Dated

/s/ LANE M FERDINAND

Signed

Law Offices of  
**Lane M. Ferdinand**  
505 Morris Avenue, Suite 302  
Springfield, NJ 07081



7011 1150 0001 3129 2318



Jeffrey Enterprises Inc  
14507 Frontee Rd.  
Omaha, NE - 68138.

Jul 25 2022 SLW

# Exhibit “B”

Page 1 Of 2		New Jersey Police Crash Investigation Report		Reportable		Non-Reportable		Change Report	
96	04	1 Case Number		10 Crash Occurred On		11 Speed Limit		118a	
97	01	C20032497		FARTAN PL		S 25		00	
98	01	2 Police Dept of		At Intersection with		Road Name		118b	
99	01	NEWARK POLICE DEPARTMENT		<input checked="" type="checkbox"/> Feet		CHANCELLOR AVE BRIDGE		00	
100	01	3 Station/Precinct		<input type="checkbox"/> Miles		12 Route No		119a	
101	01	5TH PRECINCT		14 15		13 Milepost		00	
102	01	4 Date of Crash		5 Day of Week		6 Time (use 2400 hrs)		119b	
103	01	08 11 20		Tue		13:49		00	
104	01	7 Municipality Code		8 Total Killed		9 Total Injured		120a	
105	01	0714		0		1		00	
106	01	23 Veh #		24 Policy No		25 NJ Ins Code		120b	
107	01	1		4628-01-46-66		100		00	
108	01	<input type="checkbox"/> Parked <input type="checkbox"/> Ped <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Resp to Emergency <input type="checkbox"/> Hit & Run		26 Driver's First Name		29 Sex		121a	
109	01			IYIESHA N MCCRAY		F		00	
110	01	27 Number & Street		28 City		30 Eyes		121b	
111	01	883 S 14TH ST		NEWARK		01		00	
112	01	31 State		32 Drivers License No		33 DOB		122	
113	01	NJ		ML1813797557772		07 08 77		01	
114	01	34 Expires		35 Owner's First Name		36 DOB		123	
115	01	07 24		IYIESHA N MCCRAY		10 16 84		18	
116	01	37 City		38 Make		39 Model		124	
117	01	NEWARK		JEEP		LIBERTY		03	
118	01	40 Color		41 Year		42 Plate No		125	
119	01	BLACK		2010		V363448		03	
120	01	43 State		44 VIN		45 Expires		126a	
121	01	NJ		1J4PN2GKKAW101428		07 20		26	
122	01	46 Vehicle Removed To		47 Authority		48 Alcohol/Drug Test		126b	
123	01			<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Driver <input type="checkbox"/> Police		Given <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		26	
124	01	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		49 Hazardous Material		Type <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		127a	
125	01	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded		<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		Results 0 % Pending		26	
126	01	50 Carrier No		51 Commercial Vehicle Weight		78 Alcohol/Drug Test		127b	
127	01	<input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None		<input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> > 26,001 lbs		Given <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused		26	
128	01	52 Carrier name		53 Van #		Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		127c	
129	01			XSAH25309583		Results 0 % Pending		26	
130	01	54 Policy No		55 NJ Ins Code		79 Hazardous Material		127d	
131	01	2				<input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		26	
132	01	56 Driver's First Name		57 Number & Street		Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		127e	
133	01	WALTER JARRET JACOB		325 E BROAD ST		Results 0 % Pending		26	
134	01	58 City		59 Sex		80 Carrier No		127f	
135	01	NANTICOKE		M		<input checked="" type="checkbox"/> USDOT <input type="checkbox"/> None		26	
136	01	60 Eyes		61 State		81 Commercial Vehicle Weight		128	
137	01	06		PA		<input type="checkbox"/> < 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input checked="" type="checkbox"/> > 26,001 lbs		00	
138	01	62 Drivers License No		63 DOB		82 Carrier name		129	
139	01	26960045		10 16 84				09	
140	01	64 Expires		65 Owner's First Name		Number & Street		130	
141	01	10 20		WERNER ENTERPRISES INC				10	
142	01	66 Number & Street		67 City		City		131	
143	01	14507 FRONTIER RD OMAHA NE 68138				State Zip		03	
144	01	68 Make		69 Model		70 Color		132	
145	01	KW		TR		WHITE		03	
146	01	71 Year		72 Plate No		73 State		133	
147	01	2018		W25948		NE		02	
148	01	74 VIN		75 Expires		135 Damage To Other Property		134	
149	01	1KXYD49X3J206153		12 20		<input type="checkbox"/> Yes (If yes, describe) <input checked="" type="checkbox"/> No		01	
150	01	76 Vehicle Removed To		77 Authority					
151	01			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Police					
152	01	<input type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		48 Alcohol/Drug Test					
153	01	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Towed Impounded		Given <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused					
154	01			Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					
155	01			Results 0 % Pending					
156	01			Hazard Class					
157	01			Placard No					
158	01								
159	01								
160	01								
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New Jersey Police Crash Investigation Report														Case Number C20032497		PAGE <u>2</u> OF <u>2</u>	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Address of Occupants If Deceased, Date & Time of			
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--		

**144 Crash Diagram**

Show North by Arrow  
(Not to Scale)

Not To Scale

**145 Crash Description**

DRIVER OF VEHICLE #1 STATED SHE WAS STOPPED IN TRAFFIC AT THE INTERSECTION OF FABIAN PLACE AND CHANCELLOR AVENUE. WHEN THE DRIVER OF VEHICLE #2 STARTED MAKING THE RIGHT TURN, HE DID NOT MAKE IT WIDE ENOUGH AND SIDESWIPE HER VEHICLE.

DRIVER OF VEHICLE #2 STATED HE WAS STOPPED AT THE RED LIGHT AT THE INTERSECTION OF FABIAN PLACE AND CHANCELLOR AVENUE. WHEN HE WENT TO MAKE A RIGHT TURN, TWO VEHICLE WENT STRAIGHT PASSED HIM. HE WAS CLEARED TO MAKE A RIGHT TURN. HE STATED VEHICLE #1 MUST HAVE THOUGHT HE WAS GOING STRAIGHT AND DID NOT STOP TO LET HIM COMPLETE THE TURN. HE STATED DRIVER OF VEHICLE #1 STRUCK HIS TRUCK ON THE RIGHT SIDE.

EMS RESPONDED TO THE SCENE AND RENDERED AID TO THE DRIVER OF VEHICLE #1. SHE HAD COMPLAIN OF PAIN IN HER LEFT SHOULDER AND HAND. SHE WAS TRANSPORTED TO UMDNJ HOSPITAL TO RECEIVE FURTHER EVALUATION TO HER INJURIES.

**\*\*BWC ACTIVATED\*\***

146 Officer's Signature PO SANTELESIS, ALBERT	147 Badge No 10557	148 Reviewed By SGT CUETO, JOSEPH	Badge No 7959	149 Case Status <input type="checkbox"/> Pending <input type="checkbox"/> Complete
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# Exhibit “C”



## **Pain Vein & Aesthetics Mgmt**

**200 Walt Whitman Ave, Unit 1268, Mt Laurel, NJ 08054**  
**Office 973-558-5353 Fax 973-558-5355**

**Date:** 6/30/2021

**Patient's Name:** Iyiesha McCray

**Date of Birth:** 7/8/1977

**Date of Injury:** 8/11/2020

**Chief Complaint:** Patient is here for a 3 week follow-up visit status post lumbar epidural steroid injection and 3 weeks conservative therapy. Patient continues to complain of neck pain with radiation, upper/mid back pain but benefiting from decreased low back pain.

**History of Present Illness:** Patient is a 43-year-old female who was involved in a motor vehicle accident on 8/11/2020. Patient was a restrained driver who was who was moving when a truck making a turn collided with her car. Patient's car sustained injury in the front and left side. Emergency personnel arrived and patient was taken to Beth Israel Hospital. Medical management was instituted, x-rays were performed, pain medications were given and patient was subsequently discharged to follow-up with her primary care. Patient was referred to affiliated sports clinic where the patient has been undergoing chiropractic therapy under the care of Dr. Chesney for greater than 8 week(s) of conservative management. Patient had a lumbar epidural steroid injection performed on 3/10/2021 and 4/20/2021 which decreased her pain by 70 % and radicular symptoms by 70-80 %.

Today the patient presents to our office for a 3-week follow-up visit status post third lumbar epidural steroid injection and continued conservative therapy which was performed on 5/26/2021. Patient states that the low back pain has decreased by 90 % and radicular symptoms have decreased by 90%. Patient is better able to perform the activities of daily living with increased efficiency and decreased discomfort including self-care and household chores. Her initial symptoms of increased pain post second injection were transient and now she continues to benefit.

Patient is benefiting from decreased low back pain that has decreased in frequency and currently rates the pain as 1-2 out of 10 on VAS. Pain is mild and described as achy, burning pain with varying levels of sharp pain that are radiating to bilateral hips extending into her left buttock and extending distally to posterior thigh, below the knee down to the toes. The frequency and intensity of radicular symptoms has decreased significantly. Pain is aggravated with rotation, bending at the waist, light lifting, prolonged sitting and standing.

Patient continues to complain of neck pain that is frequent and rates the pain as 8 out of 10 on VAS. Pain is moderate and described as achy, burning pain with varying levels of sharp pain that is radiating to shoulders bilaterally and extending into her left arm forearm and hand. There is numbness and tingling in left upper extremity with stiffness and muscle weakness. Pain is aggravated with rotation, bending, texting on the phone, holding head in one position, turning head while driving and prolonged sitting.

Re: Iyiesha McCray  
Date: 6/30/2021

Patient is also complaining of upper and mid back pain that has decreased in frequency and intensity and currently rates the pain as 4 out of 10 on VAS. The pain is moderate and described as achy, burning pain which is radiating up to the shoulders. Pain is affected by prolonged sitting, standing and bending.

Patient is also complaining of left knee pain which is frequent and rates the pain as 4 out of 10 on VAS. The pain is mild to moderate and described as achy, burning pain with varying levels of sharp pain with prolonged walking, lifting or bending.

Patient has been undergoing conservative management including chiropractic therapy for greater than 8 weeks as well as medications including prescription dose nonsteroidal anti-inflammatory medications atenolol, ibuprofen with minimal decrease in pain but continued radicular symptoms. Since the injection patient's radicular symptoms have decreased.

**Past Medical History:** High blood pressure. Patient stated that she has not had a prior history of motor vehicle accident was asymptomatic prior to the recent accident dated 8/11/2020.

**Past Surgical History:** LESI 3/21, LESI 4/21.

**Review of Systems:** The patient denies any history of seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, any episodic lightheadedness, and rashes.

**Allergies:** No known drug allergies.

**Medications:** Norvasc, Tylenol, ibuprofen as needed pain.

**Family History:** Unremarkable.

**Social History:**

The patient denies smoking, any illicit drug substance use, or drinking.

**Physical Examination:**

**General Appearance:** The patient is a mentally alert and cooperative 43-year-old female who is in moderate distress due to pain.

**Neurological Examination:** Deep tendon reflexes are 2+ and symmetrical throughout. Muscle strength is decreased in left upper extremity and left lower extremity. Touch, light touch, pinprick and vibratory sensations are diminished in left upper and lower extremities. Cranial nerves II through XII are grossly intact.

**Musculoskeletal Examination:**

**Cervical Spine:** On examination it was noted patient had muscle spasm and tenderness in upper trapezius, sternocleidomastoid, paraspinal bilaterally with painful limitation cervical flexion, extension, lateral bending, and rotation which intensified pain at the end



Re: Iyiesha McCray  
Date: 6/30/2021

ranges of motion. Tenderness was noted over the spinous processes and axial compression cause increased pain in the neck referred to the left. No change in examination.

**Thoracic Spine:** There was muscle spasm and tenderness noted in the right and left upper middle and lower thoracic paraspinals and interscapular muscles.

**Lumbar Spine:** There was mild tenderness noted along the lumbar paraspinals with painful limitations in lumbar flexion, extension, lateral bending and rotation. Kemps test was positive bilaterally. No change in examination.

**Extremity:** On examination of the left knee it was noted patient had tenderness and mild swelling on the medial, anterior and lateral side of the left knee. There was painful active range of motion in the left knee. The patient was unable to squat or kneel due to pain and muscle strength was decreased in the left knee as compared to the right. Range of motion was normal in both flexion and extension with pain elicited at the extreme ends of motion.

**Diagnostic Studies:** MRI of the cervical spine indicated C2-3 shallow 1.5 mm central herniated disc indenting the ventral thecal sac. C3-4 annular tear with focal central herniated disc impinging on the cord with ventral cord flattening and moderate canal stenosis. AP dimension of the canal is approximately 6 mm. C4-5 annular tear with broad-based herniated disc. Superimposed bulging and spurring are present. There is severe bilateral foraminal stenosis. There is moderate canal stenosis. AP dimension of the canal 6.5 mm. Bilateral hypertrophic facet disease and uncovertebral joint hypertrophy contribute. C5-6 broad-based herniated disc. Superimposed bulge. Mild to moderate bilateral foraminal stenosis. Mild canal stenosis. Bilateral hypertrophic facet disease and uncovertebral joint hypertrophy contribute. C6-7 annular tear with broad-based herniated disc impinging on the cord. Superimposed bulging and spurring are present. Moderate to severe bilateral foraminal stenosis. Mild to moderate canal stenosis. Bilateral hypertrophic facet disease and uncovertebral joint hypertrophy contribute. MRI of the lumbar spine indicated L4-5 2 mm bulge indenting the ventral thecal sac. L5-S1 annular tear with broad-based herniation indenting the ventral thecal sac. Superimposed bulge is seen. Both foramina are mildly narrowed. Bilateral hypertrophic facet disease is seen. The images were interpreted by Michael Yuz, MD.

EMG of the upper extremities revealed bilateral C5-6 radiculopathies.

EMG of the lower extremities revealed bilateral L4-5 radiculopathies.

**Diagnoses:**

1. Cervical disc with radiculopathy M 50.11, M 50.121, M 50.122, M 50.123
2. Cervical sprain/strain S 13.4 XXD
3. Thoracic sprain/strain S 23.3 XXD
4. Lumbar disc with radiculopathy M 51.16
5. Lumbosacral radiculopathy with disc M 51.17
6. Lumbar sprain/strain S 33.5 XXD
7. Low back pain M 54.5

Re: Iyiesha McCray  
Date: 6/30/2021

8. Low back spasms M 62.830
9. Left knee sprain S 83.92XA
10. Left knee joint pain (M25.562)

**Assessment:** Patient is a 43-year-old female who was involved in motor vehicle accident on 8/11/2020. Patient is status post LESI #3 and is benefiting from the procedure with decreased pain and radiculopathy as quantified above. Currently the patient is suffering from cervical pain with radiculopathy, left knee sprain/strain but benefiting from further decreases in lumbar pain with radiculopathy. MRI of the cervical region and lumbar region indicates multilevel cervical and lumbar disc pathology further supporting the clinical manifestations as experienced by the patient. EMG of the upper and lower extremities further supports the clinical manifestations as experienced by the patient. Have discussed the risks and benefits of conservative pain therapy with the patient. All questions from the patient were answered and patient is willing to undergo conservative pain therapy to help alleviate the pain.

**Plan:**

1. We will continue with conservative management including therapy and medications.
2. Continue chiropractic therapy as scheduled as it is helping patient.
3. Recommended that patient perform physical therapy like exercises at home to decrease pain, increase range of motion and increase flexibility.
4. Continue medications Tylenol, ibuprofen 200 to 400 mg PRN for pain and tramadol 50 mg as needed pain.
5. Have advised patient that if pain intensity and or frequency increases to contact the office for additional pain management consultation.
6. We will discharge patient from pain management service.

**Care:**

Avoid any heavy lifting, carrying, excessive bending, and prolonged sitting and standing.

**Goals:**

To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living.

**Precautions:**

Universal.

**Patient Education:**

Provided via physician and online website references.

Thank you for allowing me to participate in this patient's care.

Asim Khan, M.D.  
Anesthesiologist and Pain Management Specialist, Board Certified.

Re: Iyiesha McCray  
Date: 6/30/2021

Electronically Signed.  
Dictated but not proofread.

# Exhibit “D”

11/03/2021 14:24 LANE FERDINAND

(FAX) 973 4673876

P. 031/148

**Pain Vein & Aesthetics Mgmt**

200 Walt Whitman Ave, Unit 1268, Mt Laurel New Jersey 08054  
Tel: (973) 558 5353 Fax: (973) 558-5355

**PROCEDURE REPORT**

**Patient's Name:** Iyiesha McCray  
**Date of Birth:** 7/8/1977  
**Date of Surgery:** 4/28/2021  
**Chart #:** N/A  
**Anesthesiologist:** None  
**Anesthesia:** Local

**PREOPERATIVE DIAGNOSIS:** Lumbar disc with Radiculopathy-M51.16.  
Lumbo-Sacral radiculopathy with Disc - M51.17.

**POSTOPERATIVE DIAGNOSIS:** Lumbar disc with Radiculopathy-M51.16.  
Lumbo-Sacral radiculopathy with Disc - M51.17.

**OPERATIVE PROCEDURE:** Lumbar Epidurogram-72275.

**SURGEON:** Asim Khan, M.D.

**DESCRIPTION OF PROCEDURE:**

According to a study performed by Blake A. Johnson, et. al. and published by the American Journal of Neuroradiology an Epidurogram in conjunction with epidural steroid injection provides for safe and accurate therapeutic injections and is associated with an exceedingly low frequency of untoward sequelae. It is especially useful for providing confirmation of accurate needle placement within the epidural space.

Epidurogram was done in the AP and lateral projections. The Epidurogram was performed at the L5 - S1 interlaminar space. Under continuous fluoroscopy, 2 cc's of radiopaque dye were injected revealing medial spread of the contrast. The contrast spread cranially approximately one-two levels. The contrast spread caudally approximately one-two levels. There was no significant displacement, adhesion and fibrosis. There was no evidence of spinal stenosis.

Asim Khan, M.D  
ELECTRONICALLY SUBMITTED  
DICTATED BUT NOT PROOF READ

# Exhibit “E”

11/03/2021 14:20 LANE FERDINAND

(FAX) 973 4673876

P.005/ 148

Affiliated Sports Clinic  
**Patient Ledger**  
 Sorted By: Case Number

Entry	Date	POS Description	Case	Procedure	Document	Provider	Amount
MOCLY000	Iyeesha McGray	(973)732-3312					
	Last Payment:	-274.08	On 6/20/2021				
265	4/6/2021	11	15	97110	2104140000	RB	75.00
266	4/6/2021	11	15	97140	2104140000	RB	75.00
267	4/6/2021	11	15	C0283	2104140000	RB	50.00
268	4/6/2021	11	15	97164	2104140000	RB	140.00
269	4/8/2021	11	15	97110	2104140000	RB	75.00
270	4/8/2021	11	15	97140	2104140000	RB	75.00
271	4/8/2021	11	15	C0283	2104140000	RB	50.00
877	4/21/2021	11	15	97110	2104280000	RB	75.00
878	4/21/2021	11	15	97140	2104280000	RB	75.00
879	4/21/2021	11	15	C0283	2104280000	RB	50.00
880	4/22/2021	11	15	97110	2104280000	RB	75.00
881	4/22/2021	11	15	97140	2104280000	RB	75.00
882	4/22/2021	11	15	C0283	2104280000	RB	50.00
2488	5/12/2021	11	15	PIPPVMT	2105120000	RB	-210.00
2489	5/12/2021	11	15	PIPADJ	2105120000	RB	-150.00
2554	5/20/2021	11	15	PIPPVMT	2105200000	RB	-274.08
2555	5/20/2021	11	15	PIPADJ	2105200000	RB	-265.97
2650	5/18/2021	11	15	97110	2105280000	RB	75.00
2651	5/18/2021	11	15	97140	2105280000	RB	75.00
2653	5/18/2021	11	15	97164	2105280000	RB	150.00
2654	5/19/2021	11	15	97110	2105280000	RB	75.00
2655	5/19/2021	11	15	97140	2105280000	RB	75.00
2656	5/19/2021	11	15	C0283	2105280000	RB	50.00
3344	5/26/2021	11	15	97110	2105310000	RB	75.00
3345	5/26/2021	11	15	97140	2105310000	RB	75.00
3346	5/26/2021	11	15	C0283	2105310000	RB	50.00
4153	6/9/2021	11	15	97110	2105160000	RB	75.00
4154	6/9/2021	11	15	97140	2105160000	RB	75.00
4155	6/9/2021	11	15	C0283	2105160000	RB	50.00
4578	6/15/2021	11	15	97110	2105230000	RB	75.00
4579	6/15/2021	11	15	97140	2105230000	RB	75.00
4580	6/15/2021	11	15	C0283	2105230000	RB	50.00
4581	6/15/2021	11	15	97164	2105230000	RB	150.00
4582	6/17/2021	11	15	97110	2105230000	RB	75.00
4583	6/17/2021	11	15	97140	2105230000	RB	75.00
4584	6/17/2021	11	15	C0283	2105230000	RB	50.00
5377	6/23/2021	11	15	97110	2107080000	RB	75.00
5378	6/23/2021	11	15	97140	2107080000	RB	75.00
5379	6/23/2021	11	15	C0283	2107080000	RB	50.00
5437	6/30/2021	11	15	97110	2107120000	RB	75.00
5438	6/30/2021	11	15	97140	2107120000	RB	75.00
5439	6/30/2021	11	15	C0283	2107120000	RB	50.00
5848	7/13/2021	11	15	DENIAL	2107130000	RB	0.00
6087	7/8/2021	11	15	97110	2107150000	RB	75.00
6088	7/8/2021	11	15	97140	2107150000	RB	75.00

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Page 1

11/03/2021 14:20 LANE FERDINAND

(FAX) 973 4673876

P..006/148

Affiliated Sports Clinic  
**Patient Ledger**  
 Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
6039	7/9/2021	11		15	CE83	210715000	RB	50.00
6453	7/14/2021	11		15	97110	210721000	RB	75.00
6454	7/14/2021	11		15	97140	210721000	RB	75.00
6455	7/14/2021	11		15	CE83	210721000	RB	50.00
7380	7/30/2021	11	DCS 5/18-6/17/21 see note	15	DENIAL	210730000	RB	0.00
8391	8/11/2021	11	DCS 6/23-6/30/21 see note	15	DENIAL	210811000	RB	0.00
9749	9/2/2021	11	DCS 7/8-7/14/21 see note	15	DENIAL	210902000	RB	0.00
Patient Total								<u>\$2,250.00</u>

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Page 2



# Exhibit “F”

11/03/2021 14:20 LANE FERDINAND

(FAX) 973 4673876

P.007/148

Pain Vein & Aesthetics Mgt LLC  
**Patient Ledger**  
 Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
MOCLY000	Myesha McGray			(973)732-3312				
	Last Payment:	-125.71		Cnt 8/22/2021				
27	1/27/2021	11		15	9586	210060000	AK	300.00
28	1/27/2021	11		15	95913	210060000	AK	400.00
185	3/10/2021	11		15	62323	2103180000	AK	3000.00
187	3/10/2021	11		15	Q966	2103180000	AK	18.60
188	3/10/2021	11		15	J1080	2103180000	AK	35.00
189	3/10/2021	11		15	S0020	2103180000	AK	7.00
190	3/10/2021	11		15	A4550	2103180000	AK	30.00
191	3/10/2021	11		15	72275	2103180000	AK	2100.00
252	3/24/2021	11		15	99214	2103240000	AK	400.00
534	4/22/2021	11	DCS 1/27/21 Pt \$0.00	15	PIPPVMT	2104220000	AK	-3514.04
525	4/22/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2104220000	AK	-3965.96
609	4/28/2021	11		15	62323	2104280000	AK	3000.00
610	4/28/2021	11		15	Q966	2104280000	AK	18.60
611	4/28/2021	11		15	J0702	2104280000	AK	60.00
612	4/28/2021	11		15	S0020	2104280000	AK	7.00
613	4/28/2021	11		15	A4550	2104280000	AK	30.00
614	4/28/2021	11		15	72275	2104280000	AK	2100.00
681	4/30/2021	11	DCS 3/10/21 Pt \$0.00	15	PIPPVMT	2104300000	AK	-1177.58
718	4/30/2021	11	50%penalty	15	PIPPVMT	2104300000	AK	-286.40
719	4/30/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2104300000	AK	-3661.62
720	4/30/2021	11	DCS 3/10/21	15	DENIAL	2104300000	AK	0.00
746	5/5/2021	11		15	99214	2105050000	AK	450.00
833	5/12/2021	11		15	99214	2105120000	AK	450.00
870	5/14/2021	11	DCS 3/24/21 Pt \$0.00	15	PIPPVMT	2105140000	AK	-125.71
871	5/14/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2105140000	AK	-304.29
1050	5/26/2021	11		15	62323	2105260000	AK	3000.00
1051	5/26/2021	11		15	Q966	2105260000	AK	18.60
1052	5/26/2021	11		15	J1080	2105260000	AK	35.00
1053	5/26/2021	11		15	S0020	2105260000	AK	7.00
1054	5/26/2021	11		15	A4550	2105260000	AK	30.00
1055	5/26/2021	11		15	72275	2105260000	AK	2100.00
1092	5/28/2021	11	DCS 3/10/21 - 4/28/21	15	DENIAL	2105280000	AK	0.00
1217	6/9/2021	11		15	99214	2106090000	AK	450.00
1448	6/30/2021	11		15	99214	2106300000	AK	450.00
1504	6/26/2021	11	DCS 5/5/21 - 5/12/21 Pt \$0.00	15	PIPPVMT	2106260000	AK	-251.42
1505	6/26/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2106260000	AK	-648.98
1723	7/15/2021	11	DCS 5/26/21	15	DENIAL	2107150000	AK	0.00
1943	8/5/2021	11	DCS 6/9/21 Pt \$0.00	15	PIPPVMT	2108050000	AK	-125.71
1944	8/5/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2108050000	AK	-334.29
2233	8/22/2021	11	DCS 6/30/21 Pt \$0.00	15	PIPPVMT	2108220000	AK	-125.71
2234	8/22/2021	11	NJ PIP fee sch reduction	15	PIPADJ	2108220000	AK	-334.29
Patient Total								<u>\$10,471.20</u>

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Page 1

# Exhibit “G”

11/03/2021 14:20 LANE FERDINAND

(FAX) 973 4673876

P.006/148

Fax Server 10/22/2020 3:28:54 PM PAGE 6/006 Fax Server

EQUIAN

FEDERAL TAX ID: 27-0083277

TELEPHONE NUMBER: (888) 893-4886

PAGE 1 OF 1

## CONSOLIDATED STATEMENT OF CHARGES

PATIENT'S NAME:	IYIESHA MCCRAY		
MEDICAL GROUP:	NEWK BETH ISRAEL ED MD ASS,LLC		
DATE OF INJURY:	8/11/2020		
SERVICE PERIOD:	8/11/2020-8/11/2020		
EVENT NUMBER:	PMR 8411275-8410601		
<b>Instructions:</b>			
<ul style="list-style-type: none"> <li>Write the patient's name, IYIESHA MCCRAY, and event number, PMR 8411275-8410601, on the check.</li> </ul>			
Treatment Facility	Diagnosis Code	Claim Number	
Date of Service	Procedure Code	Procedure Description	Charges
NEWARK BETH ISRAEL	M25.512 PAIN IN LEFT S	461943	
8/11/2020	99283	EMERGENCY DEPT V	\$683.00
	M26.512 PAIN IN LEFT S	461948	
8/11/2020	73030	X-RAY EXAM SHOUL	\$68.00
<b>Total Charges</b>	<b>\$751.00</b>	<b>Amount Received</b>	<b>\$0.00</b>
		<b>Balance Due</b>	<b>\$751.00</b>